



Ohio Campaign Finance Report

Form 30-A
ORC 3517.10

Committee Name FRIENDS of Vic Pallotta		Office Sought CUYAHOGA FALLS City Council Ward 3		District
Street Address 407 Marian LK Blvd		City CUYAHOGA FALLS	State OH	Zip 44223
Candidate Name OR PAC Registration Number		Treasurer Name Daphne J Sturkey		Election Date (MM/DD/YYYY) 11/01-2017
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year 2017
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	525.20
2. Total monetary contributions (From Forms 31-A and 31-E)	500.00
3. Total other income (From Form 31-A-2)	0
4. Total funds available (sum of lines 1, 2, 3)	1025.20
5. Total monetary expenditures (From Forms 31-B and 31-F)	441.49
6. Balance on hand (line 4 minus line 5)	583.71
7. Value of in-kind contributions received (From Form 31-J-1)	
8. Value of in-kind contributions made (From Form 31-J-2)	
9. Outstanding loans owed by committee (From Form 31-C)	0
10. Outstanding debts owed by committee (From Form 31-N)	
11. Outstanding loans owed to committee (From Form 31-K)	
12. Value of independent expenditures made (From Form 31-U)	

2017 DEC 11 AM 11:57
 #1727 Arc

OFFICIAL COPY
 SUMMIT COUNTY
 BOARD OF ELECTIONS

**THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
 WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

Daphne J Sturkey
 Signature of Treasurer or Deputy Treasurer

12/11/2017
 Date (MM/DD/YYYY)

Contribution Pages 1	Expenditure Pages 1	Other Pages 1	Total Pages 4
--------------------------------	-------------------------------	-------------------------	-------------------------

Statement of Contributions Received

Prescribed by Secretary of State 2 01

Name of Committee in Full FRIENDS OF VIC PALLOTTA									
Full Name of Contributor Summit County Republican Comm.						Registration Number, if PAC			
Street Address 1755 MERRIMAN RD.			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) CHECK			
City AKRON OH		State OHIO		Zip Code 44313		M 11	D 03	Y 17	Amount 500⁰⁰
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City		State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)			
City		State		Zip Code		M	D	Y	Amount

* Required for contributions from individuals over \$100 in statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

\$500⁰⁰

31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 201

Name of Committee in Full										
To Whom Paid							M	D	Y	Amount
FRIENDS OF Vic Pallotta							10	19	17	34.95
Address				Purpose						
Pallotta's Pastries				Campaign @ nursing home						
City		State	Zip Code	Check Number						
Cuyahoga Falls		OH	44223	09116607						
To Whom Paid							M	D	Y	Amount
The Office Bistro Bar							11	07	17	303.54
Address				Purpose						
1846 FRONT ST				Postelection celebration for supporters						
City		State	Zip Code	Check Number						
Cuyahoga Falls		OH	44221	Debit Card						
To Whom Paid							M	D	Y	Amount
Victor Pallotta							11	25	17	100.00
Address				Purpose						
407 Marian LK Blvd				Repay Loan						
City		State	Zip Code	Check Number						
Cuyahoga Falls		OH	44223	09116607						
To Whom Paid							M	D	Y	Amount
Huntington National Bank							10	23	17	3.00
Address				Purpose						
P.O. Box 1558 EAIW37				STATEMENT FEE						
City		State	Zip Code	Check Number						
Columbus		OH	43216-1558	N/A						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City		State	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City		State	Zip Code	Check Number						
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City		State	Zip Code	Check Number						

Statement of Loans Received

Prescribed by Secretary of State 5/05

Full Name of Committee FRIENDS OF Vic Pallotta																		
From Whom Received Victor L. Pallotta							Prior Amount 100.⁰⁰			Amt. Incurred this Period								
Address 407 Marian Lake Blvd										Outstanding Balance 0								
City Cuyahoga Falls			St. or OH		Zip Code 44223			Loans Received This Period				Payments This Period						
								Date		Amount		Date		Amount				
Date Loan was originally Incurred			M		D		Y		M		D		Y		S			
08/19/17											01/25/17		100.⁰⁰					
Registration Number, if PAC							M		D		Y		M		D		Y	
Employer/Occupation/Labor Organization*							M		D		Y		M		D		Y	
From Whom Received							Prior Amount			Amt. Incurred this Period								
Address										Outstanding Balance								
City			St. or		Zip Code			Loans Received This Period				Payments This Period						
								Date		Amount		Date		Amount				
Date Loan was originally Incurred			M		D		Y		M		D		Y		S			
Registration Number, if PAC							M		D		Y		M		D		Y	
Employer/Occupation/Labor Organization*							M		D		Y		M		D		Y	
From Whom Received							Prior Amount			Amt. Incurred this Period								
Address										Outstanding Balance								
City			St. or		Zip Code			Loans Received This Period				Payments This Period						
								Date		Amount		Date		Amount				
Date Loan was originally Incurred			M		D		Y		M		D		Y		S			
Registration Number, if PAC							M		D		Y		M		D		Y	
Employer/Occupation/Labor Organization*							M		D		Y		M		D		Y	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Outstanding Balance to the Cover page (Form No. 30-A).

1 Total prior amount \$ 100.⁰⁰

2 Total received this period \$ 0 (To Form No. 31-A-2)

3 Total payments this period \$ 100.⁰⁰ (To Form No. 31-B)

4 Total Outstanding Balance \$ 0 (To Form No. 30-A)